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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/571,214</td> </tr> <tr> <td>Filing Date</td> <td>March 9, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>John Madocks</td> </tr> <tr> <td>Title</td> <td>MAGNETIC MIRROR PLASMA SOURCE</td> </tr> <tr> <td>Art Unit</td> <td>1795</td> </tr> <tr> <td>Examiner Name</td> <td>J. J. Brayton</td> </tr> <tr> <td>Attorney Docket No.</td> <td>GPI-11602/38</td> </tr> </table>	Application Number	10/571,214	Filing Date	March 9, 2006	First Named Inventor	John Madocks	Title	MAGNETIC MIRROR PLASMA SOURCE	Art Unit	1795	Examiner Name	J. J. Brayton	Attorney Docket No.	GPI-11602/38
Application Number	10/571,214														
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First Named Inventor	John Madocks														
Title	MAGNETIC MIRROR PLASMA SOURCE														
Art Unit	1795														
Examiner Name	J. J. Brayton														
Attorney Docket No.	GPI-11602/38														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

25006

OR

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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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Address:

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date 12-8-09
Name John E. Madocks	Telephone 520-882-5100
Title and Company President, General Plasma, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.